## **Board Member Compensation; Expenses**

## 2:125-E1 Exhibit - Board Member Expense Reimbursement Form

Submit to the Superintendent, who will include this request in the monthly list of bills presented to the Board of Education. Please print and attach receipts for all expenditures. Use of this form is required by 2:125-E3, Resolution to Regulate Expense Reimbursements. Please print. ntonopoulos Title/Office: Board Travel Destination: (hicago, IL Purpose: /// Departure Date: Return Date: Receipts attached Request Date: Sestimated expenses attached (Completed 2:125-E2, Board Member Estimated Expense Approval Form)(pre-approval is required for federal and State grants). Approved expense advancement (voucher) attached, if applicable\* (Completed 2:125-E2, Board Member Estimated Expense Approval Form.) **Actual Expense Report** \* Board members will be reimbursed for actual and necessary expenses that exceed the amount advanced, but must refund any expense advancement that exceeds the actual and necessary expenses incurred. 105 LCS 5/10-22.32. For federal and State grants, board members will be reimbursed for actual and necessary expenses that exceed estimated expenses as permitted by Board policy 2:125, Board Member Compensation; Expenses. Auto Travel Allowance: per mile Meals or Per Diem Auto Mileage Other Daily Transp. Lodging Date Total Expenses Item Cost Miles Cost Bkfst | Lunch | Dinner 18.36 18.36 Park 4 (00) Subtotal Advances

**TOTAL** (a negative amount indicates refund due from Board member)

Superintendent Signatu	ureDate		
Board Action:	<b>/</b>		
Approved	☐ Denied		
☐ Approved in Part	☐ Exceeds Maximum Allowable Amount		
☐ Grant Funding Source (if applicable):			
Comments:			
DATED : July 20, 2020			
	Lemont Township High School District 210		

LAZ Parking Illinois Center
111 E Wacker Dr
111 E. Wacker Dr.
Chicago, Illinois 60601

Date: 7:13 AM 24 Nov 2024

Receipt #: 560527388

Ticket #: 10426701

Arrived: 1:57 PM 23 Nov 2024

Departed: 7:13 AM 24 Nov 2024

Total Duration: 17 hrs 16 mins

Parking Fee: \$60.00

Tax \$0.00

Total: \$60.00

Payment Method: Visa 2503

## **Board Member Compensation: Expenses**

Submit to the Superintendent, who will include this request in the monthly list of bills presented to the Board of Education.

## 2:125-E2 Exhibit - Board Member Estimated Expense Approval Form

Submitting Board Member's Signature 9

Use of this form is required (1) by 2:125-E3, Resolution to Regulate Expense Reimbursements and (2) for preapproval of expenses to be charged to a federal grant or State grant governed by the Grant Accountability and Transparency Act. Please print. Honofoulas Title/Office: Name: Travel Destination: Purpose: Departure Date: Return Date: Estimated Expenses Approval Requested (50 LCS 150/20 or grant expenditure) ☐ Travel is grant-related\* (specify grant): Purchase Order Requested Purchase Order #: Expense Advancement Voucher Requested (105 LCS 5/10-22.32) Voucher Amount: **Estimated Expense Report** Auto Travel Allowance: per mile \*Grant-related travel only: Except for mileage and other transportation expenses, expense reimbursement/per diem is only allowed if on official travel status for 12 hours or more. If lodging at or belowthe applicable rate cannot be identified, please indicate belowand attach at least three quotes for review Auto Mileage Meals or Per Diem Other Transp. Daily Date Lodging Expenses Total Miles Cost **Bkfst Lunch Dinner** Item Cost CC 43.36 100 18.36 18 3636 **Total** 

Board Action: Approved	□ Denied	
•	Exceeds Maximum Allowable Amount	
Grant Funding Sc	ource (if applicable):	
Comments:		
DATED : July 20, 2020		
	Lemont Township High School District 210	